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CONFIRMATION NO. 8511

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/556,641	11/06/2006	424	1618	REGIM 3.3-069		
<b>APPLICANTS</b> Sandrine Salle, Saint Illiers La Ville, FRANCE; Emmanuel Guerin, Colombes, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/01912 05/19/2004 <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 03291180.2 05/20/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/11/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /NISSA M Acknowledged WESTERBERG/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 UNITED STATES						
<b>TITLE</b> Oral Sustained Release Pharmaceutical Composition						
<b>FILING FEE RECEIVED</b> 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			